

Declaration of Concentration

Name _____ Date _____
I.D. _____
Last First M.I. Class Year _____

I. Regular Concentration

To enter, you must have completed at least one course in the department and be enrolled in a second course in the department or program and have received a cumulative average of 72 or higher for those courses.

Concentration _____ Signature of Current Advisor _____
New Advisor _____ Dept. Signature _____
Name

II. Double Concentration

Requirements as stated above.

Concentration _____ Signature of Current Advisor _____
New Advisor _____ Dept. Signature _____
Name

III. Change in Concentration

Requirements as stated above.

From _____ Signature of Chairperson _____
To _____ Signature of Chairperson _____
New Advisor _____ Dept. Signature _____
Name

CAS Action: Approved _____ Denied _____ Date _____

IV. Withdrawal from

Second Concentration _____ Signature of Chairperson _____